

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036837

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8971

STATE FILE NUMBER

FILED SEP 24 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Missouri Baptist Hosp.Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
3427 S. Compton Ave.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Rose

Middle Edna

Last Walters

4. DATE OF DEATH

Month September

Day 15

Year 1962

5. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
8/5/18899. AGE (last birthday)  
7310. IF UNDER 1 YEAR  
Months 1 Days 10 Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife10b. KIND OF BUSINESS OR INDUSTRY  
Own Home11. BIRTHPLACE (City and state or country)  
St. Louis Mo.12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

Joseph Noel

13b. MOTHER'S MAIDEN NAME

Katherine Hohman

14. NAME OF HUSBAND OR WIFE

Charles J. Walters

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Camille E. Jeanett 10140 Conway Rd.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Infarction

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Pulmonary Embolism

DUE TO (c)

Myocardial Infarction

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

420.1

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at 1:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her alive on 9-15-62

22a. SIGNATURE

(Degree or title)

E. L. Lennick MD

22b. ADDRESS

453 N. Taylor St. St. Louis

22c. DATE SIGNED

9/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9/18/62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Missouri

24. FUNERAL DIRECTOR

Gebken Sons

ADDRESS

2630 Gravois Ave.

25. DATE RECD. BY LOCAL REG.

SEP 17 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert J. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.